

Theft Claim Form



The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Please provide complete details to the questions asked on this form. If there is insufficient space for your answers, please attach a separate page to the back of the form.

Please return the completed form to us by either:

Email bike@realinsurance.com.au

Post PO Box 199 Chatswood NSW 2057

Fax (02) 8889 9554

YOUR DETAILS

Policy Number: _____

Name of insured: _____

Address (Insured): _____

Best phone number: _____

Email address: _____

Preferred method of contact: Email Phone

Serial number of bicycle/s under claim: _____

INCIDENT DETAILS

Date of occurrence: _____ Time: _____

Where was your bicycle stolen from?

Please describe the details of the theft:

POLICE REPORT

Please provide the police report details:

Police station: _____

Date reported: _____ Time: _____

Police report number: _____

ADDITIONAL INFORMATION

At the time of the theft, was your bicycle:

- At your home address
- Away from your home address

Was your bicycle:

- In a locked building In an unlocked building
- In the open air Somewhere else

If you answered "in a locked building", please provide details of how entry was gained to that building:

If you answered "somewhere else", please provide details:

Was your bicycle/s secured by a lock at the time of the theft?

- Yes No If yes, please provide details

Do you have the remains of the lock? Yes No

PREVIOUS CLAIMS

Have you had any bicycle related losses/claims or home and contents insurance claims in the last 3 years?

Yes No If yes, please provide details

LOCAL BICYCLE SHOP

The details of the bike shop that you normally support:

Store name: _____

Address: _____

Contact name: _____

Phone number: _____

OTHER INSURANCE

Are you able to make a claim with another insurance company for part of the loss you are claiming now?

Yes No If yes, please provide details

Name of insurer: _____

Policy # _____

STOLEN ITEMS

List your stolen items	Year purchased

To avoid delays in processing your claim, please attach all original purchase invoices where available.

Checklist:

- Original purchase invoice/s CCTV
 Photos of the area where the bike was stolen from Police report number
 Photo of the remains of the lock

DECLARATION

- I hereby certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I authorise real Bike Insurance to give to, or obtain from, other insurers or any insurance reference bureau, any information to this claim or any other claim made by me or any insurance held by me.

Print Name: _____ Date: _____